ENTRY BL'ANK
PLEASE TYPE OR PRINT Entered previous May Show
Ms. Mr. Artist HANNELORE GABRIEL (Last Name Last)
Permanent Address 1469 ROSENA AVE MADISO Street City
44057 Tel.(1) 428-6163
Zip Area Code Temporary or
Studio Address City
Tel. ()
Zip Area Code
If you do not presently live in one of the counties of the Western Reserve, which county were you born in?
Collaborator
(If Any) If May Show entries are not accepted or not sold: Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist C.O.D. at this address:
Special Instructions When necessary include below instructions or a drawing of how the object is to be assembled and displayed.
This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.
Note carefully calendar for delivery and return of objects. It is

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 4, 1978.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature de la viel

1978 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

Dates for Pick-up of Objects
Rejected Objects: April 24 through 29
Accepted Objects: June 12 through 17

HANNELDRE GABRIEL

Name

1469 ROSENA AVE

Address

MADISON, OH. 44057

City & State

Zip

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NOTIFICATION CARD #2

	4. Sculpture	☐ 5. Electri	c 📮 6. Cra	fts
Title Y	-DOANS	DOCHT	A	
DO NO	OT WRITE IN THI	S SECTION	ACCEPTED	REJECTED
2	☐ 1. Paintings ☐ 4. Sculpture			
TILLB	UTE TO	THE L	AKE	

□ 1 Paintings □ 2 Graphics □ 3 Photography

This is your only receipt to claim your object(s).

DO NOT WRITE IN THIS SECTION

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